

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/21/01
FORMALITY REVIEW	Zm	927	05/01/01
RESPONSE FORMALITY REVIEW	lu	981	8-2001

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Rejected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Date
Final Original	
1	4/5/02
2	11/12/02
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet

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